Commissioner Roy C. Brooks
Tarrant County Commissioner, Precinct One

Federally Qualified Health Centers: Benefits and Challenges

- **Supplantation** - One of the biggest obstacles we had to overcome in getting strong support from the Texas Bureau of Primary Care in the 330 grant application process was the supplantation issue. It is essential that proper safeguards be in place to assure that state or local money is not being replaced or supplanted by federal funds. However, prudent consideration of community interest and support should also be part of the equation. In our case, we spent over two years trying to convince the BPC at the Department of Health that a clinic closed by the University of North Texas Health Science Center had no relationship to a new site subsequently obtained by UNT and JPS Health Network, our county hospital district. It was offered at no charge to be the prime location for the Fort Worth Northside Community Health Center in their efforts to gain 330 Grant designation.

  This is a perfect example of what all of us at the federal, state, and county level should be encouraging in efforts to create more access points for health care, and that is a partnership of health care providers and community leaders working together for the common good. I would encourage each of you to consider ways we can make this process easier, not more difficult.

- **Need** – During the process of working with HRSA (Health Resources and Services Administration) on our application, representatives from Sen. Cornyn's office and Rep. Granger's office were shocked to learn that only 10 per cent of a 330 grant application was based, or weighted, on need. The core principle for Federally Qualified Health

Centers is the requirement that they be located in Medically Underserved Areas (MUA's) or Health Professional Shortage Areas (HPSA's). Logic screams at me that Need is of paramount importance and should be weighted much higher in the scoring process. It is my understanding that HRSA representatives assured the congressional staffers that this part of the scoring process would be reviewed. I strongly encourage you to insure that HRSA address this glaring deficiency in the scoring process.

- **Board Composition** – Another core requirement of the application process is that at least 51 per cent board of directors be composed of patients to the clinic. This requirement is needed to assure that the board adequately represents the community it serves. However, starting a new business requires special skills and expertise sometimes not readily found in the population base of the CHC. In order to maximize the efficiency and financial soundness of a new business start-up, HRSA should relax the 51 per cent rule for the first two years of a board's existence to allow business expertise on the board. This two year window would allow the board to more fully exercise its fiduciary responsibility to the community and the federal government in the spending of federal funds.

- **Proportionality** – For a whole host of reasons, some clear and others not so clear, FQHC's are not distributed proportionate to population throughout the country. For example, it is my understanding that, until the last funding cycle, there are more FQHC's in the Boston Metropolitan area than in the entire state of Texas. Further, in the third most populous county in Texas, my own Tarrant County, we only have the one CHC referred to earlier. With a population in excess of 1.7 million people, we should easily have three or more community health centers. We are actively working on an additional

location at the present time. I would hope that HRSA will take proportionality in mind in the next round of applications and perhaps give added weight to those applications from underserved areas such as our county.

In conclusion, I urge you to reauthorize funding of Community Health Centers, for I believe they represent the highest and best use of federal funds in improving health care delivery to those citizens who have the greatest need. Properly established and maintained, an FQHC can have a critical impact in the community it serves.